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ABSTRACT

Play therapy is based on developmental principles and, thus, provides, through play, developmentally appropriate means of expression and communication for children. Therefore, skill in using play therapy is an essential tool for mental health professionals who work with children. Therapeutic play allows children the opportunity to express themselves fully and at their own pace with the assurance that they will be understood and accepted. This document is divided into the following parts: rationale for play therapy; the process of play therapy; toys and materials; setting limits in play therapy; play therapy research and results, professional training; and future trends in play therapy. (Contains 3 references.) (MKA)

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Play Therapy

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In the process of growing up, children's problems are often compounded by the inability of adults in their lives to understand or to respond effectively to what children are feeling and attempting to communicate. This "communication gap" is widened as a result of adults' insistence that children adopt that means of expression commonly used by adults. Efforts to communicate with children on an exclusive verbal level assume the presence of a well-developed facility for expression through speech and thus confine children to a medium that is often awkward and unnecessarily restrictive. Play is to the child what verbalization is to the adult. It is a medium for expressing feelings, exploring relationships, describing experiences, disclosing wishes, and self-fulfillment. The problems children experience do not exist apart from the persons they are. Therefore, play therapy matches the dynamic inner structure of the child with an equally dynamic approach.

Rationale for Play Therapy

Because children's language development lags behind their cognitive development, they communicate their awareness of what is happening in their world through their play. In play therapy toys are viewed as the child's words and play as the child's language–a language of activity. Play therapy, then, is to children what counseling or psychotherapy is to adults. In play therapy the symbolic function of play is what is so important, providing children with a means of expressing their inner world. Emotionally significant experiences can be expressed more comfortably and safely through the symbolic representation the toys provide. The use of toys enables children to transfer anxieties, fears, fantasies, and guilt to objects rather than people. In the process, children are safe from their own feelings and reactions because play enables children to distance themselves from traumatic events and experiences. Therefore, children are not overwhelmed by their own actions because the act takes place in fantasy. By acting out through play a frightening or traumatic experience or situation symbolically, and perhaps changing or reversing the outcome in the play activity, children move toward an inner resolution, and then they are better able to cope with or adjust to problems.

In a relationship characterized by understanding and acceptance, the play process also allows children to consider new possibilities not possible in reality, thus greatly expanding the expression of self. In the safety of the play therapy experience, children explore the unfamiliar and develop a knowing that is both experiential-feeling and cognitive. It can then be said that through the process of play therapy, the unfamiliar becomes familiar, and children express outwardly through play what has taken place inwardly. A major function of play in play therapy is the changing of what may be unmanageable in reality to manageable situations through symbolic representation, which provides children opportunities for learning to cope.

The Process of Play Therapy

Given the opportunity, children will play out their feelings and needs in a manner or process of expression that is similar to that for adults. Although the dynamics of expression and the vehicle for communication are different for children, the expressions (fear, satisfaction, anger, happiness, frustration, contentment) are similar to those of adults. Children may have considerable difficulty trying to tell what they feel or how their experiences have affected them. If permitted, however, in the presence of a caring, sensitive, and empathetic adult, they will reveal inner feelingsthrough the toys and materials they choose, what they do with and to the materials, and the stories they act out. The play therapy process can be viewed as a relationship between the therapist and the child in which the child utilizes play to explore his or her personal world and also to make contact with the therapist in a way that is safe for the child. Play therapy provides an opportunity for children to live out, during play, experiences and associated feelings. This process allows the therapist to experience, in a personal and interactive way, the inner dimensions of the child's world. This therapeutic relationship is what provides dynamic growth and healing for the child.

Because the child's world is a world of action and activity, play therapy provides the therapist with an opportunity to enter the child's world. The child is not restricted to discussing what happened; rather, the child lives out at the moment of play the past experience and associated feelings. If the reason the child was referred to the therapist is aggressive behavior, the medium of play gives the therapist an opportunity to experience the aggression firsthand as the child bangs on the Bobo or attempts to shoot the therapist with a gun and also to help the child learn self-control by responding with appropriate therapeutic limit-setting procedures.

Without the presence of play materials, the therapist could only talk with the child about the aggressive behavior the child exhibited yesterday or last week. In play therapy, whatever the reason for referral, the therapist has the opportunity to experience and actively deal with that problem in the immediacy of the child's experiencing. Axline (1947) viewed this process as one in which the child plays out feelings, bringing them to the surface, getting them out in the open, facing them, and either learning to control them or abandon them.

Toys and Materials

Although desirable, a fully equipped playroom is not essential for children to express themselves. What is important is that children have ready access to play materials selected for the purpose of encouraging expression. All toys and materials do not automatically encourage children's expression or exploration of their needs, feelings, and experiences. Therefore, toys should be selected, not collected. Play therapy is not used as a way to pass the time or to get ready to do something else. The purpose is not to engage the child's hands while trying to elicit some verbal expression from the child's mouth. Consequently, careful attention should be given to selecting play materials that aid in the following:

- Exploration of real life experiences
- Expression of a wide range of feelings
- Testing of limits
- Expressive and exploratory play
- Exploration and expression without verbalization
- Success without prescribed structure

Mechanical or complex toys would not fit these objectives and so are avoided. Play materials that require the counselor's assistance to

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manipulate are inappropriate. Many children in need of play therapy have poor self-concepts and are overly dependent. Play materials should not reinforce such problems. Landreth (1991) has provided a list of specific toys and materials.

Setting Limits in Play Therapy

Limit setting is a necessary and vital part of the play therapy therapeutic process. Although the procedures for setting limits may vary, the setting of therapeutic limits is part of all theoretical approaches to play therapy. The structure of therapeutic limits is what helps to make the experience a real-life relationship. Limits in play therapy have both therapeutic and practical benefits in that they preserve the therapeutic relationship, facilitate the child's opportunities to learn self-responsibility and self-control, among many other dimensions, and provide the child and the therapist with a feeling of emotional security and physical safety. This feeling of emotionalsecurity enables a child to explore and express inner emotional dimensions that perhaps have remained hidden in other relationships.

Play therapy is not a completely permissive relationship because children do no feel safe, valued, or accepted in a relationship without boundaries. Boundaries provide predictability. Therefore, children are not allowed to do anything they want to do. A prescribed structure provides boundaries for the relationship that the play therapist has already determined are necessary. The play therapy relationship has minimal limits. Messiness is accepted, exploration is encouraged, neatness or doing something in a prescribed way is not required, and persistent patience is the guiding principle. The child's desire to break the limit is always of greater importance than actually breaking a limit.

Because play therapy is a learning experience for children, limits are not set until they are needed. The child cannot learn self-control until an opportunity to exercise self-control arises. Therefore, placing a limitation on a child pouring paint on the floor is unnecessary unless the child attempts such an activity. Limits are worded in a way that allows the child to bring himself or herself under control. The objective is to respond in such a way that the child is allowed to say "No" to self. "You would like to pour paint on the floor, but the floor is not for pouring paint on; the pan on the table is for pouring paint into" recognizes the child's feeling, communicates what the floor is not for, and provides an acceptable alternative. The child thereby is allowed to stop himself or herself.

Play Therapy Research and Results

Play therapy is not an approach based on guess, trial and error, or whims of the play therapist at the moment. Play therapy is a well-thought-out, philosophically conceived, developmentally based, and research-supported approach to helping children cope with and overcome the problems they experience in the process of living their lives. Play therapy has been demonstrated to be an effective therapeutic approach for a variety of children's problems including, but not limited to, the following areas:

- abuse and neglect
- aggression and acting out
- attachment difficulties
- autism
- burn victims
- chronic illness
- deaf and physically challenged children
- dissociation and schizophrenia
- emotionally disturbed children
- enuresis and encopresis problems
- fear and anxiety
- grief
- hospitalization
- learning disabilities
- mentally challenged children
- reading difficulties
- selective mutism
- self-concept and self-esteem
- social adjustment problems
- speech difficulties
- traumatization
- withdrawn children

The popular myth that play therapy requires a long-term commitment for many months is unfounded as is shown in case studies and research reports reported by Landreth, Homeyer, Glover, and Sweeney (1996) in their book, *Play Therapy Interventions with Children's Problems*.

Professional Training

Prospective play therapists have to be adequately trained. Most play therapists have a master's degree in counseling, psychology, or social work, although other disciplines also are represented in the field. A master's degree representing some area of the helping profession with emphasis on the clinical or counseling aspects of therapeutic relationships is a general prerequisite. Within or in addition to such a program, training should incorporate the areas of child development and basic counseling skills including acquisition of a theoretical approach incorporating a rationale for behavior change consistent with the play therapy approach utilized. The program of study should include extensive training in the area of play therapy and a supervised practicum experience with children in play therapy.

Future Trends in Play Therapy

The field of play therapy is growing and is now represented by the Association for Play Therapy, an international professional organization. A national Center for Play Therapy has been established at the University of North Texas. Increasing numbers of elementary school counselors and therapists in private practice and agencies are incorporating play therapy into their work with children. There is a trend in family therapy to address social and emotional values of developmental as well as family group session issues. In filial therapy, parents are trained to use play therapy procedures with their children. This method is well researched and has proven to be effective in ameliorating children's problems through enhancing the parent-child relationship.

Conclusion

Play therapy is based on developmental principles and, thus, provides, through play, developmentally appropriate means of expression and communication for children. Therefore, skill in using play therapy is an essential tool for mental health professionals who work with children. Therapeutic play allows children the opportunity to express themselves fully and at their own pace with the assurance that they will be understood and accepted.

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